



ESE ESE

## ESE'S APPROACH **SOCIAL ACCOUNTABILITY**

Dissatisfied with results from previous work, which was mainly based on analysis of state-of-affairs related to implementation of public health policies without involvement of intended beneficiaries of these services, back in 2009 ESE piloted the social accountability methodology in Macedonia. We started work on one issue, and later this methodology was applied to another issue affecting health status of Roma population. ESE implements activities pertaining to work on the social accountability methodology with assistance from local Roma CSO's that have previous work experience in the field of promoting Roma health.

## ISSUES WE COVER...



### Immunization and preventive health protection of mothers and children

From 2009 onwards, ESE works on increasing immunization coverage among Roma children aged 0 to 6 years and preventive health services provided by primary public health facilities (outreach visits, educational workshops and distribution of educational materials). ESE started work on this issue in 2009 by applying the methodology on monitoring and analysis of budget and program performance of the Ministry of Health in relation to preventive health programs, accompanied with advocacy efforts based of aforementioned methodology.

Findings from these analyses show how funds allocated under preventive programs are planned and spent and types of measures that the state should take to improve immunization coverage and preventive health services for Roma population. As a result of ESE's advocacy activities in 2010, in its 2011 Program for Active Health Protection of Mothers and Children the Ministry of Health, for the first time, anticipated activities aimed to promote preventive health care of mothers and children and to increase immunization coverage among Roma children, accompanied with adequate budget allocations. Two years later, in 2011, ESE complemented its approach with introduction of the community monitoring methodology aimed to monitor implementation of measures adopted under the 2011 program at local level among Roma communities.

Community monitoring aims to enable beneficiaries, i.e. intended users of preventive health services, to be familiarized with their rights and entitlements arising from the program, to report whether they have benefited from these services and to indicate their satisfaction with services received. ESE worked on this issue and applied this methodology in partnership with four Roma CSOs based in the Municipalities of Shuto Orizari, the single Roma municipality in Macedonia, Prilep, Delchevo and Pehchevo, and in the Municipalities of Gjorce Petrov and Karposh in Skopje. In 2013, monitoring and analysis of program and budget performance and community monitoring were complemented with another approach - social audit. Introduction of social audit as method enabled specific verification whether certain health services provided to specifically targeted populations by public health facilities had been received by intended beneficiaries.

For example, Roma women whose names were registered as being visited by outreach nurses confirmed whether these visits had actually taken place and expressed their satisfaction with behaviour demonstrated and services provided by outreach nurses. In 2014, our activities in this field were expanded to cover another preventive health program. In particular, our scope of work was extended to another preventive health program, i.e. Program for Systemic Check-Ups of Pupils and Students, thereby covering children aged 7 to 15 years who do not regularly attend school or have dropped out, which prevents them to benefit from preventive health services. This endeavour completed the process of social accountability on issues of immunization and preventive health services for mothers and children.



## Early detection of malignant diseases

In 2011, two years after the start of work on Roma immunization, application of the social accountability methodology was expanded in the field of preventive health services for early detection of malignant diseases. As was the case with the first issue, work on this issue started with budget monitoring and analysis targeting two components under the Program for Early Detection of Malignant Diseases, i.e. cervical cancer and breast cancer.

In 2014, work in this field was expended with application of community monitoring and social audit with two Roma partner organizations. In addition to gradual approach in application of particular elements of the social accountability methodology, ESE also applied this approach in regard to target groups that appear as intended beneficiaries of health services under this issue.

### WHERE WE WORK AND WITH WHAT CAPACITY...

We work in Roma communities, i.e. locations where Roma partner organizations are based. It should be stressed that some locations where we work are found within urban areas, such as Skopje-based municipalities Shuto Orizari and Gjorce Petrov, as well as Prilep and Delchevo. Others are part of rural areas, such as village Crnik, Pehchevo. In the Republic of Macedonia, majority of Roma people live in urban areas, i.e. cities and towns, but reside in suburban areas marked by substandard living conditions, some of which do not comply with basic living conditions, such as solid house construction, in-house water supply and sewerage, etc.

It must be noted that mobilization and coverage of Roma population was pursued according to the principle of mapping particular locations, including identification of potential beneficiaries of preventive health services that are subject of monitoring. In bigger settlements, for example, the Municipality of Shuto Orizari, we targeted underdeveloped locations that are inhabited by Roma people in need of assistance and support. In 2011, the Roma partner organization started work in six neighbourhoods on the territory of Shuto Orizari identified as socially and economically underdeveloped. They accounted for around 2 000 Roma households. Smaller locations, i.e. communities, were covered in their entirety, for example, Roma community in Delchevo or village Crnik where, according to their number and the capacity deployed, we were able to cover the entire local population. Namely, in Delchevo there are around 140 Roma households, while village Crnik accounts for 70 Roma households.

As indicated earlier, activities were implemented by ESE and several Roma partner organizations. ESE's role is to provide technical assistance and support to local Roma CSOs. Technical assistance and support implies development of methods and methodologies for implementation of various activities, such as mobilization of local population, drafting survey questionnaires, processing data obtained from community surveys, etc., followed by education of people appointed to implement activities at local level, such as education on importance and stages in implementation of the social accountability methodology, legislation governing preventive health services and contents thereof, etc.

Role of local Roma CSOs implies organization, coordination and implementation of activities by applying social accountability at local level. At ESE, three staff members are tasked with implementation of activities, whereas at the level of Roma CSOs, teams engaged in implementation of activities are comprised of three to four staff members per organization (one coordinator and two to three field assistants), depending on the number of locations covered. Work on social accountability covers part of Roma population living in locations where we work.

## ELEMENTS OF THE APPROACH: WORK WITH THE COMMUNITY...

The approach we apply includes implementation of several social accountability methodologies, those being: budget monitoring and analysis, community monitoring and social audit. In spite of different level related to implementation of social accountability methodologies, results thereof are cross-checked and used to define measures aimed to improve state-of-affairs at local level, i.e. in locations where we work, but also at national level in relation to issues that are common for all fields falling within our scope of work. Hence, every year results are used to develop several local advocacy strategies and one joint national advocacy strategy. Local strategies are aimed towards adoption of changes at local and municipal level, while the national strategy aims to promote state-of-affairs at national level.



### Budget monitoring and analysis

Application of this methodology in ESE's work implies a new dimension and completely different perspective in terms of establishing state-of-affairs. Namely, insights into planned and spent funds has allowed us to verify, complement and/or reject findings obtained from different relevant sources related to institutions' program performance. Application of this approach element facilitates our efforts on proposing adequate and purposeful measures that could yield better results.

Budget monitoring and analysis was first focused on the health budget (budgets of the Ministry of Health and the Health Insurance Fund), whereby we examined, in great details, implementation, i.e. spending of funds anticipated under preventive health programs that were subject of our interest. For example, monitoring findings led us to information that, on one side, allocated funds are often re-assigned or reduced, but on the other hand, they are not spent in their entirety or remain unused. This approach allowed us to establish trends in terms of allocation and spending of funds and to identify all anomalies and changes within the budgeting process, which have an impact on funds allocated and spent. Inadequate planning, inconsistency of anticipated measures, lack of public data, continuous increase of the health budget compared to decrease of budgets under preventive health programs, etc., are just few of identified shortcomings.

In 2014, we moved from monitoring expenditure to monitoring revenue under the health budget. Expanded scope of monitoring activities was pursued with assistance from ESE's long-standing

associate. In particular, the extended approach allowed us insights into trends and manner in which funds are allocated and informed our advocacy efforts for adequate allocation of funds to meet health needs of citizens. Combining knowledge from expenditure and revenue analyses allowed us to demand allocation of funds from different revenue sources and opportunity to demand reallocation of funds among separate budget items.

Usually, in the course of one calendar year, we first draft information requests pursuant to the instrument on free access to information and address them to relevant state institutions responsible for preventive health services that are subject of our monitoring activities. On annual level, the average number of information requests submitted to these institutions accounts for around 600. They are addressed to competent institutions. Responses thereto are imputed in a separately designed database, while non-responded requests or requests for which institutions provided partial responses are followed by motion for procedure as anticipated under the Law on Free Access to Public Information, appeal procedure or, in the worst case, motion for administrative dispute to obtain complete information. After their completion, data are processed and presented in the form of annual findings/analysis. The same procedure, but for funds at local level, is pursued by local Roma partner organizations.

Having in mind that the health budget is only small portion of the state budget, which is affected by numerous macroeconomic factors, in 2016, with the assistance from our external associate we initiated development of indicators related to revenue, public debt, expenditure, and foreign aid. In practice, this effort expanded our analysis with another segment on establishment of overall state-of-affairs, in order to obtain better image about decisions made and, more importantly, how these decisions could impact exercise of citizens' health rights.



## Community monitoring

While monitoring and analysis of program and budget performance allows us insight into state-of-affairs at national level, community monitoring is used to verify whether what has been legally guaranteed and anticipated under different health policies is actually delivered. Led by the premise that intended beneficiaries of public health services are entitled to use them and, more importantly, to share their opinion about how they are implemented, together with local Roma partner organizations in all municipalities where they operate, we first informed local population about their rights and obligations related to immunization and preventive health services for mothers and children, as well as early detection of malignant diseases among women (cervical cancer and breast cancer).

Then we mapped communities in locations where we work, i.e. identified Roma children at immunization age, as well as women that should benefit from preventive health services related to early detection of malignant diseases. In 2011, our work in the Municipality of Shuto Orizari covered 500 households with children aged 0 to 6 years from six underdeveloped Roma neighbourhoods, while in 2014 activities were expanded with 200 households in the same neighbourhoods with children aged 7 to 15 years. After 2014, work in Shuto Orizari was expanded to two additional

neighbourhoods. As regards work on promotion of coverage among Roma women with preventive gynaecological services, in 2014 we initiated activities in eight neighbourhoods within the Municipality of Shuto Orizari, targeting women aged 24 to 60 years, given that this age group overlaps with the target group defined under the Program for Cervical Cancer Screening and these women are also in their reproductive age. Neighbourhoods covered by our activities account for 1 500 women from this age group. In the Bregalnica Region, i.e. in the Municipalities of Delchevo, Vinica and Pehchevo (village Crnik), since 2011 activities covered parents of around 300 children aged 0 to 6 years (60 children in Delchevo, 35 children in v. Crnik and 220 children in Vinica).

Next step implied empowerment of Roma people, i.e. information and education on the rights and obligations related to children immunization and preventive health services for mothers and children and early detection of malignant diseases pursuant to needs and by means of one-day educational workshops. At these workshops, local CSOs invite, for example, parents of children at immunization age or women at adequate age when they need to undergo preventive gynaecological exams, etc. On average, educational workshops are attended by 20 to 30 persons each, and annually partner organizations organize around 6 educational workshops on health of mothers and children, immunization and entitlements arising from the Program for Active Health Protection of Mothers and Children and around 6 educational workshops on women reproductive health, rights related to preventive gynaecological services in primary health care and entitlements arising from the Program for Early Detection of Malignant Disease.

Education and information dissemination are pursued in order to enable Roma population to exercise their health rights and later, during implementation of the social accountability methodology, to be able to assess utilization of preventive health services. After being introduced to their rights and obligations, communities are engaged in implementation of surveys whereby parents of children aged 0 to 15 years and women aged 24 to 60 years are asked whether they have used health services that are subject of monitoring and about quality of service delivery. Community-based surveys are conducted by means of completing survey questionnaires at households, as well as organization of focus group discussions. As regards community-based survey related to immunization and preventive health services for mothers and children, 2014 survey data were collected from parents of 193 children aged 0 to 6 years and parents of 57 children aged 7 to 15 years in the Municipalities of Delchevo, Vinica and Pehchevo (v. Crnik).

As regards women coverage with preventive gynaecological services in primary health care and services provided under the Program for Early Detection of Cervical Cancer, 2014 survey data were collected from 240 women aged 24 to 60 years in the Municipality of Shuto Orizari, as well as 170 women of the same age group in the Municipalities of Delchevo, Vinica and Pehchevo (v. Crnik). Focus group discussions are organized in parallel to survey activities, whereby one to two focus groups are organized for each neighbourhood in Shuto Orizari, and for each municipality in Delchevo, Vinica, and v.Crnik (Pehchevo).

Furthermore, research activities include interviews with health professionals responsible to provide relevant health services. Interviews target outreach nurses, medical doctors from immunization departments, managers of health centres and polyclinics, as well as registered gynaecologists. Interviews with health professionals are organized in order to obtain information on implemented activities, as well as to identify problems and difficulties they are facing when implementing activities anticipated under relevant programs of the Ministry of Health.

All Roma partner organizations received training on conducting survey questionnaires and imputing answers in the database. Completed databases are submitted to ESE for further processing. Processed data are then returned to Roma CSOs, which use them to develop their community score cards and local advocacy plans. Based on survey findings, communities develop their score cards in user-friendly manner using visualization with traffic lights to assess monitored health services. In Shuto Orizari, community score cards are developed for each neighbourhood separately, while in the Municipalities of Delchevo, Vinica and Pehchevo community score cards are developed for each municipality.

For the purpose of presentation and verification of these findings to the broader community, as well as for the purpose of obtaining additional information on state-of-affairs from community members, all score cards are discussed at series of validation meetings attended by at least 30 to 40 people. Validation meetings are also important to familiarize communities with identified problems, whereby community members are able to create their own perception that problems are not only individual, but are shared by number of people in their communities. This procedure is important because it enables greater community mobilization in advocacy processes for changes and improvements.

After validation, score card findings are presented and discussed at meetings attended by community members and representatives of local health facilities, i.e. relevant health departments, in order to find joint solutions to identified problems. Usually, in the course of one year, CSOs organize one to two meetings of this type and they are attended by Roma people, health professionals providing relevant health services and other relevant local decision makers (medical doctors and nurses from immunization wards and preventive health teams, outreach nurses, managers of health centres and polyclinics, registered gynaecologists, representatives of local governments, representatives of the Health Insurance Fund, etc.).

At these meetings, Roma community members have an opportunity to inform health professionals and other relevant local level decision makers about problems they are facing when accessing health services and to directly demand improvements related to service coverage and quality. This process is repeated every year, thus enabling monitoring of progress in implementation of public health services in the course of time.



## Social audit

In 2014 we introduced social audit to our approach as additional method for verification and validation whether certain public health services are delivered. Main goal of social audit is to obtain insight into reports of outreach nurses and verify their reliability, i.e. whether they actually visited persons they have indicated and to establish quality of services delivered.

This approach is also applied in relation to coverage of women with organized cervical cancer screening, whereby we verify reports of registered gynaecologists on PAP tests administered in municipalities where we work. In particular, women aged 24 to 60 years who are entitled to one

free-of-charge PAP test every three years are asked whether they received invitations for this test and whether they were tested according to reports of registered gynaecologists.

As part of this approach, Roma partner organizations request copies of visit logs kept by outreach nurses working in municipalities where they operate. These logs include data on visited women and purpose of outreach visits (visit to pregnant woman, visit to newborn, etc.). After securing these data, they are verified with women enlisted in outreach logs, i.e. whether they were actually visited, purpose of said visit, and women's satisfaction with quality of services provided by outreach nurses. This information is collected from women on the basis of short questionnaire. During the first social audit conducted in Shuto Orizari it was established that almost half of women enlisted in logs kept by outreach nurses had not been visited. These findings were then shared with competent staff at the Health Centre, i.e. manager of the Policlinic "Chair", in order to indicate to inconsistencies in delivery of outreach services. Introduction of this approach is of special importance, having in mind that there are no mechanisms on performance supervision at public health facilities in terms of delivery of health services.

In practice, this approach implies data collection from public health facilities about people that were provided health services, followed by verification with these persons individually whether they actually received said services.

## ACHIEVEMENTS: RESULTS OF OUR WORK...

Findings obtained under all social accountability approaches are used to identify problems faced by Roma population when benefiting from preventive health services, but are also used to determine reasons behind identified problems at all levels, from local to national. Findings are used to demand changes from decision makers that would result in improved coverage of Roma population with these health services.

By implementing activities at local level, we strive for most changes to be effectuated at this level. However, in cases of common problems and difficulties faced by Roma population at local level which could be resolved at national level, together with Roma partner organizations we advocate before competent state institutions at national level.

In doing so, we also address specific local needs of Roma communities in relation to exercise of their health-related rights, while striving to bring about systemic changes at national level that would improve the status of Roma people in general on issues pertaining to our scope of work. In the course of advocacy, especially at local, but also at national level, we involve members of Roma communities who share problems they are facing and demand specific measures and activities aimed to improve coverage and quality of health services. At the same time, where needed, we coordinate advocacy efforts at local and at national level.

Work in the Municipality of Shuto Orizari allowed us to learn that women are not adequately covered with outreach visits during their pregnancy and after giving birth. Main reason for this problem was insufficient number of outreach nurses working in the municipality, as well as lack of vehicle for the outreach department, whereby nurses are forced to cover big geographic terrain on foot or by public transportation, which results in losing significant part of their working hours. In

order to improve performance and efficiency of the outreach department, competent institutions were addressed with demands to employ adequate number of outreach nurses and to secure vehicle for this department. In that, we undertook coordinated activities at local and national level.

Namely, through the management at the Polyclinic “Chair”, local partner organizations succeeded to persuade the Health Centre Skopje to request the Ministry of Health to provide health vehicle for the outreach department in Shuto Orizari. At the same time, ESE informed the public at national level about the problem related to insufficient number of outreach visits and requested the Ministry of Health and the Ministry of Finance to approve employment of outreach nurses and to finance procurement of vehicle for this department in the Municipality of Shuto Orizari. After implementation of these activities, the Ministry of Health secured a vehicle for the outreach department in Shuto Orizari. Nevertheless, competent institutions have still not approved employment of additional number of outreach nurses in this municipality.

At national level, our efforts resulted in introduction of activities specifically targeting Roma women under the Program for Active Health Protection of Mothers and Children. Recognized for its work in the field of promoting health of mothers and children, in 2017 ESE was invited by the Ministry of Health to participate in the work group tasked with development of 2018 Program for Active Health Protection of Mothers and Children.

Participation in this work group allowed ESE to familiarize ministry representatives and all members of the work group with problems faced by mothers and children from the most vulnerable Roma communities, and presented the ministry with a list comprised of five specific activities that should be anticipated under the 2018 program, accompanied with funds for their implementation. In that, the 2018 program adopted three of proposed measures, with adequate funds for their implementation, those being: educational visits to Roma and rural areas in specifically enlisted municipalities, educational brochure on healthy pregnancy and breastfeeding, and educational brochure on children health and immunization.

At the same time, based on our demands, Roma women are enlisted as especially vulnerable groups under several activities in the program’s narrative and budget section, including separate activities targeting Roma environments during the Immunization Week. Moreover, based on our demands in the last years, the program’s budget for this year is increased and in 2018 amounts to 17 million MKD, compared to 2017 when it amounted to 10.5 million MKD.

As regards the Program for Cervical Cancer Screening, since 2016 we have demanded the Ministry of Health to introduce a series of measures that would lead to improved quality in screening performance and monitoring, as well as specific measures aimed to increase coverage of vulnerable categories of women, primarily Roma women and women in rural areas. Same demands were presented to the ministry in 2017, whereby most of our proposals were integrated in 2018 Screening Program, some of which include:

- development of software solution for record keeping and linking data from different service providers under the program;
- strengthened educational and information campaign to raise awareness about screenings among general population;
- capacity assessment among existing health staff tasked with performance of screenings, etc.

Here, it should be noted that, due to our efforts and demands, for the first time, the 2018 program enlists Roma people as vulnerable group that necessitates enhanced education and information on screenings.

At the same time, the program's budget section enlists involvement of outreach nurses and Roma Health Mediators in education and information on screenings. Moreover, based on our demands in the last years, the Program for Cervical Cancer Screenings' budget was increased and in 2018 amounts to 10.5 million MKD, compared to 2017 when it amounted to 6.7 million MKD.

In addition to benefits for the community, application of the social accountability methodology includes benefits for local Roma partner organizations. Prior to implementation of the social accountability approach, most of them were oriented towards service provision to Roma people and acting as the community's voice, without active involvement of community members. Since 2011, implementation of this approach allowed them to yield success in two aspects: first, they managed to actively involve communities in promotion of their health rights, and second, by involving communities they became facilitators in exercise of health rights and health care for Roma people in Macedonia.

**In parallel to social accountability and for the purpose of improving exercise of health care and health rights in Roma communities, we also apply the legal empowerment methodology.**

**After having perceived the need for integrated work, in 2015 we started plans on merging these two approaches in order to maximize effects from our work and work performed by local Roma partner organizations in communities where we operate.**



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